

Reviewer #1:

This paper is to determine the optimal management of sepsis in cirrhotic patients admitted to the intensive care unit. The paper highlights the importance of early detection and management of infections in cirrhosis patients to reduce mortality. The study findings indicate that cirrhotic patients are more susceptible to infections, resulting in higher mortality rates ranging from 18% to 60%. The paper also suggests that procalcitonin is a useful biomarker for diagnosing infections in cirrhotic patients, and presepsin and resistin have been found to be reliable markers of bacterial infection in patients with decompensated liver cirrhosis.

Thank you immensely for your detailed and insightful review of our paper. We truly appreciate your recognition of the significance of our study on sepsis management in cirrhotic patients. Your feedback has been invaluable in refining the scientific and language quality of our work. We acknowledge the limitations highlighted and will address them accordingly. Your attention to detail regarding errors and formatting issues is greatly appreciated, and we will make the necessary corrections. We are grateful for your thoughtful comments, and we will ensure a more cohesive argument in the conclusion. Once again, thank you for your time and expertise.

The paper mentions that it is not comprehensive and detailed as not all sources were searched and found. Due to the short time frame of the review, the authors were only able to obtain a limited number of research papers that

describe the management of cirrhosis patients with sepsis admitted to the intensive care unit. Therefore, the findings of this paper should be interpreted with caution, and further research is needed to improve outcomes in cirrhosis patients with sepsis.

Thank you for your review of our paper. We would like to clarify that our manuscript is intended to be a narrative systematic review rather than a meta-analysis. Our objective was to provide a comprehensive synthesis of the management of sepsis in cirrhotic patients admitted to the intensive care unit through a qualitative analysis of the available research papers. We have included a paragraph in the paper explicitly stating this limitation, ensuring that readers are aware of the review's narrative nature and absence of a meta-analysis. Your feedback is greatly appreciated, and we will ensure that this aspect is appropriately emphasized in the manuscript.

However, the following shortcomings remain: 1. "Third international consensus definitions for sepsis and septic shock" is mentioned for the first time in the text without indicating the version and source.

Done.

2. the word "he" in the first line of RESULTS is incorrect, it should be "The".

Done.

3. The text mentions "Although the current management of sepsis in cirrhotic patients follows the guidelines proposed by the Surviving Sepsis Campaign "

Where did this guideline come from?

We have adapted the sentence in order to be more accurate. As it is in the core tip, we cannot reference the sentence.

4. the reference () [] is incorrectly formatted.

Corrected.

5. acceleration of aerobic glycolysis, and reduced hepatic clearance [38]. Wrong order here.

Corrected.

5. punctuation is missing at the end of some parts of the text.

Corrected.

6. incorrect formatting of references.

Corrected.

7. The review cohort checklist is incorrectly formatted.

Corrected.

8. It is mentioned in the conclusion that this review highlights the importance of early detection and management of infections in cirrhosis patients to reduce mortality. However, the argument is not followed up.

Corrected.

Reviewer #2:

Specific Comments to Authors: This paper reads more as a narrative review than a systematic review. There are too many outcomes - and given each outcome only has a few studies to cite, it is hard to draw many conclusions. The

primary outcome (mortality) should be the first outcome described. There should also be a figure with a forest plot of the primary outcome, even if only a few studies. Also - many of the results are describing qualitative results, that are only based on one study. Would consider cutting back the number of outcomes and focus on ones with quantitative results.

We sincerely appreciate your thorough evaluation and insightful comments on our manuscript. We would like to clarify that our work was intentionally designed as a narrative systematic review rather than a quantitative analysis. We aimed to provide a comprehensive synthesis of the available literature on the management of sepsis in cirrhotic patients admitted to the Intensive Care Unit (ICU) by examining both qualitative and quantitative research studies. Once again, we sincerely appreciate your valuable feedback, which will significantly contribute to the improvement of our manuscript. Your insights will guide us in presenting a more concise and scientifically rigorous narrative systematic review.